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ORIGINAL DEPARTMENT.

Communications.

DEFECTIVE AND IMPAIRED VISION,
With the Clinical use of the Ophthalmoscope in
their Diagnosis and Treatment.

By LAURENCE TURNBULL, M. D.,

Ophthalmic Surgeon to Howard Hospital, &c.

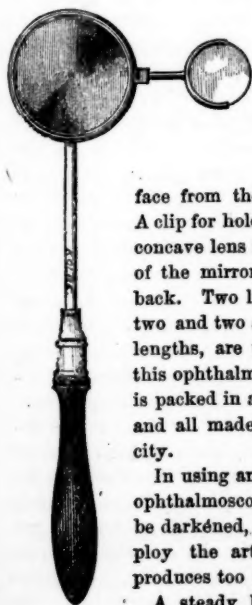
(Continued from p. 307.)

For several years we have employed the ophthalmoscope of Coccius, as modified by Anagnostakis, but more recently that of Liebreich as seen in Fig. 2. It is a small, slightly circular concave metallic mirror mounted on a handle, and pierced centrally with a much smaller hole than that generally made in the glass mirrors. Being of metal, an accidental fall does not break it, and the smallness of the hole diminishes to a minimum the amount of central shadow in the illumination, that results from the absence of the reflecting sur-

used for the microscope, is required for viewing the interior of the eye; I employ a gas lamp with a Goddard burner, with a light blue chimney, made by Cornelius & Co. The best arrangement that I have seen for illumination is that at the "Royal London Ophthalmic Hospital," Moorfields. It is an Argand burner with very fine apertures, and has a piece of fine wire gauze fitted to the bottom, which subdivides the draught into a great number of small currents, which makes it very uniform. A short glass chimney, tinted blue, is preferable; a tall one produces too rapid a draught. The burner is fitted to a double jointed arm which can be raised or lowered and moved from side to side. The eye of the patient must be screened from the direct rays by a small blackened tin shield fixed to the burner.

If the pupil of the patient is dilated or very dilatable, no artificial means need be employed to produce it, but if a very thorough examination is required and the patient is past middle age, more especially if the examination is behind the iris, belladonna or its salts must be resorted to by

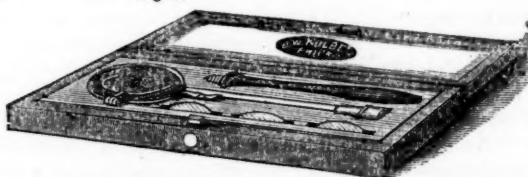
Fig. 2.



face from the centre of the mirror. A clip for holding a small convex or concave lens is hinged to the frame of the mirror and folds against its back. Two larger convex lenses of two and two and a half inches focal lengths, are usually supplied with this ophthalmoscope, and the whole is packed in a strong portable case, and all made by Mr. KOLBE of this city.

In using any of the forms of the ophthalmoscope the room should be darkened, and we can only employ the artificial light a candle produces too faint an illumination.

A steady lamp flame, like that



placing a small quantity of the soft extract around the brow the night previous, or placing within the eyelids a few drops of a solution:

R. Atropia sulphatis, gr. $\frac{1}{4}$ —j.
Aqueæ destil. f $\frac{3}{4}$. M.

M. ft solut.

This is to be used a few minutes before the examination. No beginner should attempt to examine the eye even in health, without the use of the atropia. It will be well to state to the patient that after the examination the vision will be impaired for one or two days; state that this is not owing to the examination, or use of the ophthalmoscope, which they are apt to think is the cause. In some it produces much disturbance to the patient's vision, a solution of opium in the form of the watery extract, dropped into the eye will soon

cause contraction, or an opium plaster applied to the temple will relieve it.

From recent and careful experiments of Dr. HAYDEN,* he proves the following facts: that belladonna dilates the pupil by inducing a state of active contraction of its dilator muscles through the sympathetic, and that opium causes its contraction by stimulating its constrictor muscle through the third or *motor oculi* nerve.

"The force which presides over active accommodation is derived from the cerebro-spinal system: the other, which holds under its control the tensor of the circular fibres, is the ganglionic system, on which opium and belladonna act with opposite effects, the former paralyzing them and the latter exciting them. We must not lose sight of the fact that the contraction of the radiated fibres corresponds to relaxation of accommodation as paralysis does to the maximum convexity of the lens.

"The tensor muscle of the choroid, like the iris, is composed of a crown of radiated fibres, implanted by their internal extremity upon a circle formed of circular fibres in the manner of sphincters. The radiated fibres placed under the influence of the sympathetic, contract in both organs under the reflex action of the sympathetic or by the action of belladonna. Opium, on the contrary, paralyzes them as does the division of the superior fillet of the cervoid ganglion, thus evincing the action of sphincters."

The experiments of ORFILA have shown that persons who have died from the effects of belladonna, the cerebro-spinal centre and its investing membranes are in a state of extreme vascular congestion. But we know now that belladonna may act as an excitomotor stimulant when applied to the eye, without at all giving rise to congestion of the ocular vessels. It would appear that whether applied to the periorbital and palpebral integuments, or on the conjunctiva, it acts invariably upon the sympathetic supplied to the radiating muscular fibres of the iris, through the branches of the fifth pair of nerves distributed on those surfaces as its incident medium.

The Calabar Bean.

Next in importance to the use of opium in producing effects exactly opposite to those induced by belladonna or atropia, is the Calabar bean or its alkaloid. The first notice of its effects was by Dr. ROBINSON,† of Edinburg, who states that his friend Dr. FRAZER informed him that he had seen contractions of the pupil result from the local appli-

cation of an extract of the *ordeal bean* of Calabar. He resolved to investigate the action of the substance upon himself, and with some difficulty obtained the beans from which he made an alcoholic extract of various strengths; the strongest was such that one minim of it corresponded to four grains of the bean. The results obtained from his first experiments were, that the Calabar bean acted first on the accommodation of the eye, causing indistinct vision of distant objects to such an extent that all objects beyond eight inches from the eye, appeared dim and indistinct, but was relieved by the use of concave glasses. The next marked effect produced was contraction of the pupil, its diameter being reduced from two lines to half a line. He further proved by a second series of experiments, that it possesses the power of counteracting the effects of atropia, resembling opium in this particular. He thinks the most feasible explanation of the action of the Calabar bean on the eye is to regard it as a stimulant to the ciliary nerves. It is applicable in all instances where atropia is used to render the examination of the eye more perfect or more simple. This includes two classes of cases; those in which dilatation of the pupil is either necessary or desirable to aid ophthalmoscopic examination, and those in which paralysis of the ciliary muscle is necessary, in order to ascertain the state of the accommodation of the eye. He also advises its use in cases of retinitis with photophobia, ulceration at the margin of the cornea leading to perforation, or even when prolapsus of the iris has just occurred, as well as in cases where the iris has a tendency to protrude through a corneal wound, but as yet he had but little opportunity to test it practically, which was soon done by Mr. THOMAS NUNNELEY,* of Leeds, who obtained a supply of the extract dissolved in glycerine and at once availed himself of its power over the concentric fibres of the iris, by which he observes the pupil may be reduced in size to a mere speck, and the whole surface of the iris put upon the stretch; the direction of the force being from the circumference towards the centre of the membrane. The most important application was to wounds of the cornea and sclerotic with prolapsing iris, either the result of injury or in operations by the surgeon. Many plans have been suggested for disengaging the prolapsed iris, which, though occasionally successful, far more commonly fail. It occurred to Mr. NUNNELEY that if the iris could be kept for some hours on the full stretch, by the almost entire contraction of the pupil, it would not prolapse, and thus the corneal wound might heal by the first intention. The result of two cases in which he

* Dublin Quarterly Journal, August, 1863—p. 51-54. Hayden on Poisoning with Atropia Belladonna and on the mode of action of Belladonna, according to Graefe. Ophthalmic Journal No. 5, p. 208.

† Edinburgh Medical Journal and Boston Medical and Surgical Journal, April 2, 1860, p. 178.

* Lancet and Dublin Medical Press, July 29, 1863, p. 111.

employed the bean is most satisfactory, and would quite justify the belief that if the case is seen immediately after the infliction of the injury, before prolapsus has taken place or even though this has happened, before adhesion has occurred, the iris may be kept out of the wound and this will then heal as after a surgical wound. The two cases reported were as unfavorable as possible, and the results have been far better than he could have anticipated.

UNNECESSARY AMPUTATION OF THE LEG—TETANUS—DEATH.

Washington, D. C. May 13, 1863.

J. V. P. QUACKENBUSH, M. D.,

Surgeon-General of the State of New York:

SIR: Friday morning last I was invited by a nephew of Senator WILKINSON, of Minnesota, to call at the National Hotel, in this city, to see Colonel NEWMAN, of the 31st New York volunteers, who had reached there from the battle-field, wounded. I called about 9 o'clock A. M. No physician had been there; none had seen him since his arrival from the battle-field. I found that he had been wounded in the left foot by a grape shot, on Sunday, the 3d of May. The ball had passed obliquely upward from the left side of the foot, crushing the anterior part of the tarsus and lodging just under the skin, but not involving the ankle joint. The ball had been removed, as the Colonel told me, from twelve to fifteen hours after the injury was received. The surgeons, including the Division Director, decided that the foot could be saved, and the Colonel was sent to this city on a stretcher, and arrived about an hour and a half before I saw him.

The opening was about two and a half inches transversely across the foot; the foot and leg nearly to the knee hot, dry, and shining with inflammation. No appearance of suppuration; painful. Notwithstanding this I told the Colonel that I concurred entirely with the surgeon in front, as to the probability of saving the limb. I recommended quietude and cold applications; washed out the wound and dressed the foot. I met Senator WILKINSON soon after my return, and he called my attention to the case, expressed himself pleased that I had called, and hoped the foot of the noble Colonel might be saved.

In the evening of the same day I called again, but Colonel NEWMAN informed me that an army surgeon had been in, and with an ominous shake of the head had said that the foot must be amputated. I advised, as a friend, against amputation, and the Colonel was hopeful, very thankful for the encouragement, and desired to place himself in my charge. The foot and leg was yet in a high

state of inflammation; the evaporation produced by the cold lotions had somewhat relieved the pain and tension and the inflammation was gradually subsiding. Each day until, and including the 11th, I called and washed and dressed the wound twice a day. On the fourth day the inflammation had very considerably abated, and suppuration had commenced. The wound in the skin and soft tissue had begun to granulate, the whole appeared healthy, and the constitutional symptoms had subsided. The Colonel's appetite was good, he slept well, and experienced little or no pain except when the limb was moved. I had not changed my previously expressed opinion as to saving the limb, but the result of the treatment confirmed me in the belief that the chances of life were better without amputation than with. Dr. SPENCER, of Watertown, Dr. GREEN, of New York city, and five army surgeons of good standing and experience, who saw the Colonel, and the wound, expressed opinions very similar to my own. The Colonel assured me that in several instances the same opinion that I had advanced was expressed, and that the chances of life were better by waiting than by amputating the limb.

On the 11th I learned from the Surgeon-General of the United States, WILLIAM A. HAMMOND, on whom I had called on business connected with my going to the Army of the Potomac, that he objected to my visiting Colonel NEWMAN in any capacity, even as a friend,—that the National Hotel, at which the Colonel was stopping, was located in a certain district in Washington, and that an army surgeon had charge of the district, and that the patient belonged to such surgeon, and that I had no business to call in any capacity. The Colonel told me the same day that he was fearful the army surgeons would take off his foot that day; they had told him the evening previous that he must take a good night's rest, and he thought it was ominous of their intentions. I learned from another source that it had been determined to take off the Colonel's foot the following day, and I declined to call again. On the evening of the 11th I received the following note:

Dr. SWINBURNE:

DEAR SIR—Will you oblige me by calling this evening. I learned this afternoon that some matters of professional etiquette would prevent your calling, and I therefore invite you. You were the first surgeon who visited me after my arrival in this city, and you gave me permission to call on you at any time, night or day. I take the liberty of holding you to your offer. Yours respectfully,

(Signed)

LEOPOLD C. NEWMAN,

Lieut. Col. 31st N. Y. Volunteers.

NATIONAL HOTEL,
Washington, D. C., May 11, 1863. }

In compliance with the note I called, with Dr. SPENCER, of Watertown, N. Y., and found the Colonel in a state of great excitement. There had been a consultation of surgeons at his room that afternoon, and they had decided to operate, stating that they should have done so before had they not had so many cases to attend to. He was of the opinion that nothing short of taking off his foot would satisfy the surgeons, and they had assured him that he would be quite well in two or three weeks. The Colonel asked me what he should do. I advised him to get permission from the Department to continue his journey to New York, where he could have the counsel of his own physicians and surgeons. Dr. SPENCER offered to accompany the Colonel if he secured permission to go. Colonel NEWMAN had succeeded in postponing the operation that day.

On the 12th he requested permission to go home to New York, but the surgeons decided against it, and said that he must have his foot amputated or they would not attend him, and that if he did not submit to their decision in regard to him, he would be reported to the Surgeon-General for contumely, and dismissed the service. The Colonel assured me that a friend of his had been so served. The evening of the 12th when I called, the Colonel said he supposed he would be obliged to submit to the amputation to-morrow, the 13th, and that after the surgeons had accomplished their purpose in a week or two he would be permitted to go home. Surgeon McLEAN, of the 2d New York volunteers, called with me on the evening of the 12th. I had been with him on his invitation to see Colonel PARKS, of the 2d New York volunteers, whose right leg the surgeon had skillfully amputated some days previous. He was doing finely.

On the 13th of May I did not call, but heard from Colonel NEWMAN through a friend boarding at the National. Down to 12 M. the wound had not been dressed. The Colonel told my friend that he expected the surgeons would be there to amputate the foot that day; the Colonel had told me that he supposed there was no other way but to submit or be discharged the service in disgrace, without pay, as the surgeons had assured him he would be unless he did. A friend of the Colonel called on Dr. CLYMER, who had been consulted in the case, and who appeared possessed with full power, and who gave his views after consultation with Surgeon-General HAMMOND on this case. Dr. CLYMER told the Colonel's friend, and also my friend, that he would not give the Colonel the choice to go to New York or remain here; that he was only to remain here and have his foot amputated; that if he did not submit here they would leave him, and he should have neither pay nor medical attendance, but that they would strike

him from the roll and leave him outside; that he had the authority of the Surgeon-General U. S. A. for saying this; that he had no right to receive, nor had any outside surgeon the right to give medical advice in such a case. If he did receive it, they would strike him from the roll and turn him out, and that they would have nothing whatever to do with him. And he added to the Colonel's friend, "If I find a citizen surgeon in the room looking at any of my patients, I'll kick him down stairs."

All of which, save the last sentence, corresponds with what the Colonel had stated to me on the evening of the 12th, in the presence of several gentlemen; he remarked that all these things were threatened by Dr. CLYMER, in his interview with him at the National Hotel.

The following note received from a friend who watched the Colonel's case from day to day, will give a just surgical record of what occurred from the 13th to the time of his death:

Washington, D. C., June 10, 1863.

MY DEAR SIR: After you left on the 13th ult., Colonel NEWMAN was troubled with but little pain, meanwhile his wound freely suppurated.

On the 16th, I think it was, the attending surgeon had ether administered to him, and what was called a "perfect examination" of his wound was thoroughly made. A small piece of leather and a bit of bone an inch in length, and a little less in width, near or from the joint of his foot, was wrenched off. It required an exertion of strength to take it out with the instrument. The next day he was attacked with "*tetanus*," with intervening spasms; a blister and opiate were resorted to. Dr. CLYMER said that his only chance of life lay in amputation, and that it *ought* to have been done when he (Dr. C.) originally proposed it, as in that case there would have been no danger.* Dr. CLYMER performed the operation, assisted by surgeons DE WITTE, SWASEY, FARRELL and ALLEN. The next day tetanus grew worse; day after, in spite of morphia and black drop, the spasms were dread-

* Dr. CLYMER and his associates stated to the Colonel that the reason why he did not amputate at first, was, that he did not have the time—and that, secondly, why he wished to amputate—the surgeons had not time to attend him through so long a period as he would require surgical attention, without amputation. Thirdly, if amputation was performed he could go home in three weeks, and be fitted with an artificial leg. On the 13th, when the operation was to have been performed, it was still further postponed to accommodate the surgeons, while on the 16th the condition of the Colonel and his wounded limb was better than at any previous time after the primary stage, and was daily improving, and still Dr. CLYMER says "It (the amputation) ought to have been done when he originally proposed it, as in that case there would have been no danger." Notwithstanding this assertion, the surgeons instead of amputating on the 16th, administered ether and irritated the lacerated parts to such an extent as to produce "*Tetanus*."

ful. For two or three days he remained in this terrible condition, till an application of chloroform to the back of the neck along the side and sciatic nerve, gradually brought relief. Appetite good, color good, and perfectly conscious. He may literally be said, by aid of medicines, to have worn out the tetanus.

On Sunday morning, the 7th inst., he was attacked with secondary hemorrhage. A good nurse was present, and a surgeon was at the bar of the hotel, and although immediately arrested, the loss of a few ounces of blood turned the scale and he died in three hours.

This noble soldier often expressed his thanks for your kindness, and could not convince himself that, in handling and dressing his wound, any hands were as soft and delicate in their touch as yours.

To bravery that knew no fear, he united the susceptibility and loving disposition of a child; and our hearts are nearly broken, and our spirits saddened at his departure. He sent for me as soon as the hemorrhage was known, but when I came he was too much exhausted to speak, and a pressure from his hand alone told that I was recognized. Comment is needless.

Respectfully, &c.

Points of Interest in this Case.

There are several points here worthy of note: 1st. The surgeons on the field decided upon the propriety of not amputating the foot of Colonel NEWMAN; that it could be saved "without amputation." 2d. That the injury was inflicted on the 3d, and the surgeons on the field decided not to amputate. When he arrived in Washington on the 8th, while the whole limb was tumefied and absolutely shining with inflammation, the surgeons in Washington wished to amputate. This was delayed from day to day and still the foot improved in spite of the depression of mind caused by the constant threats of amputation. On the 13th they demanded amputation and it was delayed—the same condition of things exist, and I learn the surgeons decide upon waiting for a few days. On the 16th Colonel NEWMAN was troubled with little pain, meanwhile his wound freely suppurated, and in fact his condition had continued to improve so that suppuration was free.

On the 16th, "The surgeons administered ether and made a perfect examination" of what? Why, a wound that you could easily put all your fingers and thumb into.

This examination resulted (as the surgeons stated) in finding a small bit of leather, and in wrenching by great force a piece of crushed bone about one inch square, from its connection with the living tissues, besides doing other irreparable

injury to the soft parts. All of these loose bones, leather, &c., would have dropped out of the wound whenever loosened by nature. 3d. The 17th, (next day) he was attacked with tetanus—how significant!! Cause and effect are sure to follow. The story of the "apples" over again; you need not knock them from the tree, since if let alone they will fall when ripe; and so the bone will surely follow the organic laws of nature; *ergo*, the ignorant interference with the bone caused the irritation which resulted in tetanus, the amputation and hemorrhage followed, and the sequel—death—was the result. 4th. If amputation was to have been performed, why make the "examination" at all in the manner it was made, since the eye could scan the entire wound and the finger could easily pass through and into the wound and ascertain its condition. Then why irritate the parts before amputating at all? Since it is the desire of all good surgeons to avoid it, in order to save the shock, the pyæmia gangrene or tetanus. That the latter followed so soon after this injudicious interference, there need be no wonder.

Respectfully submitted,

JOHN SWINBURNE.

Hospital Reports.

PHILADELPHIA DISPENSARY,
OBSTETRIC DEPARTMENT,
July, 1863.

CLINIC BY E. A. SPOONER, M. D.

Reported by J. H. Sherck, M. D.

Corroding Ulcer of Uterus.

GENTLEMEN:—There are four diseases of the cervix uteri, involving the destruction of its tissues, spoken of in works on the diseases of women. Simple non-malignant ulceration, syphilitic ulceration, corroding ulcer and cancer. You have had abundant opportunity of seeing three of these varieties; but only one case of corroding ulcer has presented itself for treatment since we have had charge of the institution.—Judging from the number of cases of female disease treated here, this would lead you to suppose that the disease was very rarely met with; such, however, does not appear to be the case. The CLARKES who were perhaps the first to distinguish between corroding ulcer and cancer, treated many cases. CHURCHILL quoting from Dr. BAILLIE, says, "It is not unusual for an ulcer to be formed in the uterus, of a very malignant nature."

The symptoms of this disease are those of uterine irritation, differing only from the less serious in their greater severity. A greater amount of tissue is, of course, destroyed than in simple ulceration; the pain and heat in the pelvis is greater, more nearly resembling that of cancer; there may be more pain in the back; there is leucorrhœa, but the discharge is more fetid; hemorrhage frequently occurs; in every respect, you will notice, the symptoms accompanying this disease are very nearly those of cancer. The pain is spoken of by writers as differing

from that of cancer. In the majority of the cases I have seen, I am inclined to think that it may not have been of so acute or lancinating a character as that of cancer, but little dependence can be placed upon this as a means of diagnosis, for the reason that cases of cancer (as you had an opportunity of seeing some months ago, in the case of Mrs. B.) do sometimes occur in which the patient complains of very little more pain than that caused by simple ulceration. There is one, and only one, certain means of diagnosis, that is the movableness of the uterus. In cancer the uterus is fixed by the scirrhous deposit into the surrounding structures. In corroding ulcer it is loose and movable by the finger. In cancer the cellular tissue and glands, posteriorly, between the vagina and rectum, and anteriorly, between the vagina and bladder, are the seat of deposit. This deposit encroaches upon the vagina, in many cases, greatly lessening its calibre. In corroding ulcer, on the contrary, the vagina instead of being narrowed is enlarged by the destruction of its tissues by ulceration.

There is a possibility of cancer and corroding ulcer occurring in the same patient. CHURCHILL mentions a case where there was extensive carcinomatous deposition around the vagina and neck of the bladder, but not implicating the uterus, which was of the natural size and movable.

Case.—Fanny R., aged 63. Born in this country. Widow. The mother of eight children, youngest 23 years of age, ceased to menstruate about eleven years ago. She came here for the first time in May last, complaining of pain in her back, heat and pain in her pelvis, etc. She said a white discharge, smelling very unpleasantly, from her vagina, commenced about a year ago, occurring at irregular periods, but that for a month or more, it had been almost entirely supplanted by frequent, profuse attacks of hemorrhage. She had lost flesh—her appetite was good. An examination per vaginam revealed the condition just described to you as corroding ulcer. The ulceration occupied the whole of the vaginal portion of the cervix. The ulcer was freely cauterized with nitrate of silver. She was ordered a mixture containing tinct. fer. chlo. gtt. x., cinch. sulph. gr. j.; and strychnia gr. 1-20, three times a day. Alum in powder, was given her, to be introduced into the vagina as frequently as necessary to check the hemorrhage. This, principally, has been the treatment she has received for two months or more, with no other effect than that of checking the hemorrhage and improving her general health. The local condition is unaltered. With the cessation of the bleeding, the light colored, fetid discharge returned.

When speaking of the fixed condition of the uterus in cancer, I should perhaps have mentioned the fact that there may exist another state of that organ in which it cannot be moved by the finger. I am alluding to that condition when, in consequence of inflammation, there has been an exudation of lymph into the uterus itself and into the surrounding structures. With this condition there may exist simple ulceration of the cervix; and there might, therefore, be some difficulty in distinguishing it from cancer. The history of the case, the constitutional symptoms, the character of the ulcer and the fact that simple ulceration is amenable to treatment would form sufficient for a diagnosis. We are, however, now speaking of corroding ulcer and not of cancer; at some future time, when upon the subject of cancer, I may have more to say about this condition.

Cholera.

It is stated that cholera prevails extensively among the English regiments in India. Cholera has also appeared in a malignant form in Shanghai, where the deaths are said to number 500 daily.

EDITORIAL DEPARTMENT.

Periscope.

Bay Rum.

Any of our readers who have ever had occasion to visit a barber shop and have his hair trimmed, or his head shampooed, are undoubtedly familiar with the peculiar odor of Bay Rum. We have often tried to find out its origin, but failed. The following resumé of an article by Mr. J. M. MAISCH in the *American Journal of Pharmacy* gives the desired information.

Bay Rum is a distilled spirit imported from St. Thomas, and probably some other West India Islands, into the United States. It is of a very pleasant and lasting aromatic odor, and is extensively used as an external stimulant particularly for the hair. It does not seem to be known in Europe, nor is it mentioned in PRISSE's art of Perfumery.—Although extensively used in this country as an article of perfumery and of medicine, its origin has never been made known. It has generally been supposed to be derived from the leaves of the *Laurus nobilis*, Lin., but perhaps simply from the English name of "sweet bay" given to this species. Though the leaves of this plant are aromatic they possess an entirely different taste and odor from that of bay rum. The sweet bay is a native of Asia Minor, and is naturalized in Europe where bay rum is believed to be unknown, and as there are numerous aromatic bays indigenous to the Western Hemisphere it is hardly probable that the *Laurus nobilis* would be cultivated merely for the purpose of procuring a distillate of fresh leaves when the markets of Southern Europe are supplied with the dried leaves and berries. The English name of "Bay" being applied to numerous species of the *Laurus*, there seems to be no reason, why that should prove a clue to the origin.

A leaf of a West India plant was brought to this country in 1854, by a trading Captain, which he asserted was the same as that from which the Bay Rum was made. The odor and taste were identical with that of the spirit. The character of the leaf was totally different from our indigenous *Laureaceae* and also from *Laurus nobilis*, and by those who observed it was supposed to be the leaf of a *Viburnum*. The leaves of this genus *Caprifoliaceae*, however, are never coriaceous but deciduous, and mostly serrate or toothed, or even bilobed; their venation is also very different from that in question. Upon examination of the Herbarium of the Philadelphia Academy of Natural Sciences there was found a twig with flowers, labelled "*Laurus*—?" with the remark that it came from the island of St. Croix, and was the plant from which Bay Rum was obtained. The twig when rubbed had the peculiar odor of bay rum, while the taste resembled allspice and cloves. A description of this plant is given by SWARTZ, and it is a native of the West Indies and is called in Granada *Bois d'Inde*. It is common in Antigua and Jamaica as well as Barbadoes; attains a considerable size filling the woods with the fragrant smell of its leaves.

KNOX's "St. Thomas, W. I.," a small volume containing a list of plants growing on that Island, mentions the *myrcia acris* with the English name bayberry trees, which appears to be the same as that of SWARTZ and others, and there seems to be no doubt that the leaves in the Herbarium of the Academy of Natural Sciences are from the plant from which bay rum is obtained, and the same as the *myrcia acris*, and that bay rum should be known by the medicinal name of *Spiritus Myrcia*. There may be other species used

for the same purpose, but whether this is really the case will have to be settled by procuring species bearing flowers and fruit from the various islands where bay rum is made. Proper specimens should be sent to our importers, and the interesting subject more satisfactorily investigated.

Ether as an Anæsthetic.

Dr. F. D. LENTE, of Cold Spring, N. Y., Surgeon to the West Point Foundry, is a strong advocate of ether in preference to chloroform as an anæsthetic. In a communication to the *American Medical Times*, he gives the following statistics of thirty-three cases that have recently come under his own observation. One object of Dr. LENTE in publishing the table is to show the fallacy of the idea that a very large amount of ether is necessary to procure complete anæsthesia. This is only due to a faulty mode of administration.

No.	Nature of Operation.	Time.		Quantity of Ether.	Sex.
		Min.	Drachms		
1	Extraction of Teeth.....	3	12	Fem.	
2	".....	4 30	14	"	
3	Partial Amputation of Hand.....	4	16	Male.	
4	Extraction of Teeth.....	2 30	12	Fem.	
5	".....	3	12	"	
6	Partial Amputation of Hand.....	3	12	Male.	
7	Excision of arm il Tumor.....	3	2	Fem.	
8	Extraction of Teeth.....	2	3	"	
9	".....	3	8	"	
10	Deep Incision for Palmar Abscess.....	Not noted	7	Male.	
11	Removal of Sequestrum of Humerus.....	2	7	"	
12	Excessive Irritability of Bladder—Introduction of Catheter.....	3	6	Fem.	
13	Excision of Cancerous Mamma.....	4	10	"	
14	Instrumental Delivery.....	3	10	"	
15	Reduction of Dislocation of Ankle Joint For Necrosis of Jaw.....	3 30	12	Male.	
16	Diseased Bladder (Child)—Introduction of Catheter.....	1 30	14	"	
17	Amputation of Finger.....	2	16	"	
18	Extraction of Teeth.....	6 30	16	Fem.	
19	Amputation of Leg.....	4	12	Male.	
20	Cheloplasty Operation.....	3 30	12	"	
21	Removal of Tumor from Neck.....	1 40	8	Fem.	
22	Incision of Carbuncle.....	3	8	Male.	
23	Incision of deep Palmar Abscess (Child).....	1 30	5	"	
24	Amputation of Arm.....	2	8	"	
25	Removal of Neurosarcomatous Tumor.....	4 30	8	Fem.	
26	Reduction of Old Dislocation of Elbow.....	4	9	Male.	
27	Extraction of Teeth.....	4 30	8	Fem.	
28	".....	2 30	7	"	
29	Reduction of Dislocation of Semilunar Cartilage.....	5	14	Male.	
30	Amputation of Arm.....	2	8	"	
31	Crushed Foot—Partial Amputation.....	2	6	"	
32	Amputation of Thigh.....	2	4	"	

Of the use of ether in the extraction of teeth, Dr. LENTE says:—Quite a number of the operations, it will be perceived, consist in the extraction of teeth. In many cases from six to fourteen teeth were extracted during the etherization, the patient being all the while perfectly insensible. These operations afford a better test, perhaps, of the efficiency of an anæsthetic, than almost any other, as the patient is in an unfavorable posture, and the muscles must be perfectly relaxed in order that the operation may proceed satisfactorily.

It will be noticed, accordingly, that a larger amount of ether, and a longer time, are required in these operations than in those of greater gravity, or those more strictly surgical.

Mode of Administration.—On this subject Dr. LENTE says: As regards the inhaler, I formerly used a cup-shaped sponge, large enough to cover the face, enveloping this with several folded towels; but one made with coarse and stiff towels alone, which are generally obtainable anywhere, is decidedly preferable, and it was this which was used in the above cases. The towels are to be laid together, and folded so as to make a cone sufficiently large to cover the nose and mouth; a handkerchief or soft cloth is then to be thrust into the apex of the cone, on which the ether is to be poured. I will describe again the mode

of giving it, so as to insure the saving of time and ether; by using it more lavishly the average time might be diminished still more. A drachm or two (for an adult) are first poured rapidly into the cone, which is then approached close to the face of the patient (who has been previously directed to breathe through the nose and mouth, shutting the eyes.) If coughing be excited, a little air is allowed to enter with the vapor of the ether for a few moments; two or three drachms more are then thrown quickly into the cone, which is rapidly replaced, and now kept closely applied to the face at every point; frequently an additional towel is thrown over it, if the vapor seems to escape. When the patient struggles, after becoming excited, and endeavors to tear the cone from the face, it must the more resolutely be kept there, and no air allowed to enter around the edges. Sometimes the breath is held for a few moments, in which case a little air may be allowed until he breathes freely again. The pulse should always be attended to, and if this be done, no fears regarding the ether need be entertained, as no sudden effect, like that often produced by chloroform, can be produced by it. A certain amount of practice and some tact are required to get the full effect of ether with an ounce or less, and within three minutes, unless the patient is very feeble or suffering from shock. One great cause of failure lies in withdrawing the inhaler too long from the face from time to time, in order to replenish the ether, or for other causes, and not keeping it closely applied, thus cutting off all access of air except what enters through the pores of the towels; also in allowing a draught of air in the room; even in warm weather the apertures of the room should be closed during the first inhalation.

"Physiological and Pathological Pus."

M. JULES GUERIN, (*Gaz. Méd.*), thus sums up the doctrine he has been so long working at: 'There is a fundamental difference between pus secreted by wounds and pus furnished in different morbid collections. In the former case it is modified blood; the return of this fluid and the elements which compose it to their normal condition, it is *physiological* pus.—In the latter it is a contaminated fluid, changed by the morbid elements of which it is the vehicle—it is *pathological* pus. Physiological pus possesses, like the blood, a kind of vitality, while pathological pus is a dead, excrementitious product, susceptible in the highest degree of undergoing putrefaction. This great and important difference is especially appreciable with respect to traumatic abscesses and cold abscesses, constituting collections. The former require to be opened as soon as possible, and such opening ordinarily leads to no inconvenience; while the latter, on the contrary, are innocent only as long as they are sheltered from the air, their opening almost constantly giving rise to putrefaction of the pus, and exposing to the danger of purulent intoxication. The differences are therefore not merely nominal. Numerous investigations have shown that the decomposition of the pus is especially due to oxygen, hydrogen, and nitrogen, carbonic acid taking little part in this. Putrefaction, properly so called, results from the presence in the air or in the pus itself of dead organic elements acting as ferments.' These different considerations led the author to establish his *subcutaneous method* of treatment, or treatment by *occlusion*."—*Medical Times and Gazette*.

To make Paper adhere to Tin.

The *Scientific American* says that neither paste, gum, wax, nor glue will make paper adhere to tin unless the surface is well rubbed with acetic acid, or strong vinegar. Many other acids will answer, but vinegar is always cheapest and most convenient.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCTOBER 10, 1863.

PREMIUMS FOR NEW SUBSCRIBERS.

In response to frequent suggestions we have determined to offer strong inducements to subscribers to aid in extending our circulation. There is no way in which a physician can spend money to better advantage than in the purchase of books. Subscribers will add *ONE DOLLAR'S WORTH OF BOOKS* to their libraries hereafter, for every new subscriber they send us with the subscription money in advance for a year. The books will be sent by mail, postage paid.

Those who send new names will please designate any book or books they wish, provided only they are published in this country, to the amount of one dollar for each new name sent with the subscription for a year in advance.

For any effort made by our subscribers to extend the circulation of the *REPORTER* they will be well repaid in the improvements it will give us the means of making in the work. The *REPORTER* is already the most widely circulated medical journal by far in the United States, but we are anxious as speedily as possible to double its circulation that we may be enabled to add correspondingly to its interest and usefulness.

We print on another page a list of the more important medical books published, from which selections may be made.

TYRANNY IN THE MEDICAL DEPARTMENT OF THE ARMY.

There is no surer test of the quality of manhood than the manner in which power is exercised. The monarch who is spoken of emphatically as "the wise man" chose neither long life, riches, nor the life of his enemies; but, feeling himself to be "a little child," knowing not "how to go out or to come in," asked for "an understanding heart" to judge the people that he might discern between good and bad. In thus humbly choosing, he unconsciously chose all that a more selfish and ambitious, but narrow, groveling mind would have grasped at, at the risk of losing the whole.

The mission of the medical profession is to heal the material, and to some extent at least, the mental maladies of his fellow man. When Abou Ben Adhem found that his name was not recorded in the book of those who loved the Lord, disappointed and despondingly, "but cheerily still," he said;

"I pray thee then,
Write me as one who loves his fellow men."
The Angel wrote and vanished. The next night,
He came again, with a great wakening light,
And showed the names whom the love of God had blessed,
And lo! Ben Adhem's name led all the rest!"

Such should ever be the feelings and motives that actuate the medical profession. It always makes us feel sad to read or hear of instances of dereliction of duty of any kind; of drunkenness, haughty bearing, superciliousness, unkindness, cruelty and tyranny on the part of members of our profession. In civil life, self-interest will often act as a check on that peculiar cast of mind which would lead to the manifestation of these and other vices. But clothe a man "in a little brief authority," and he will be very apt to give rein to his natural bent and ride himself headlong into deserved contempt and obscurity.

The exigencies of our great National struggle have called into the service of the Government, and placed in positions of greater or less authority, thousands of medical men. Importance has thus been suddenly thrust upon some who have proved themselves utterly unworthy of being called from their previous obscurity. Consequently they have soon degraded themselves, disgraced their profession, and been remanded—we will not say to their original status—for they will generally reach a lower deep. We have heard many complaints of the supercilious and self-important bearing and the tyrannical acts of the lower grades of surgeons, and not a few of others in higher station, whose assumed superior attainments should have been a guaranty for gentlemanly bearing, and taught them to respect themselves if they had none for their high calling. Said one, on one of the bloodiest battle-fields of this conflict, who had suddenly sprung from comparative obscurity to the position of Brigade Surgeon—"By virtue of the authority vested in me by the United States Government, I command you to let that patient alone." These words were addressed to one of the first surgeons of our country, who, without expectation of pecuniary reward, had, in response to a call from the Government, left a lucrative surgical practice, and undertaken a long journey at his own expense, much of it on platform cars exposed to the burning rays of a summer sun, to offer his services in an emergency in which almost any

kind of surgical aid was absolutely needed, to attend to the immediate and pressing wants of thousands of brave men who had fallen in defence of their country's life.

On another page of this number we publish an article from a responsible source, detailing a case in which a cold, heartless, tyrannical exercise of power on the part of the highest medical officer under our government, and a subordinate, who, if we mistake not, when this war broke out was engaged in mercantile pursuits, certainly not in the practice of medicine or surgery, seems to have cost a brave officer and worthy man his life. Let our readers peruse the article and note the facts. Let them observe that at a public hotel a wounded man was denied the privilege of calling in the surgical aid of one of the first surgeons in the State from which he volunteered, who was then on official professional duty from the Executive of his State, *and compelled to submit to an amputation against his own wishes and against the judgment of a number of able surgeons*, and that too, when, confessedly those who insisted on taking charge of the case, *HAD NOT TIME TO GIVE IT THE ATTENTION NEEDED TO SAVE THE LIMB!*

We had supposed that in the circumstances in which Colonel NEWMAN was placed, he had a right to choose his medical adviser, and that he also had a right to refuse to have his limb amputated. It seems, however, that he had no right at all that "Brigadier General" HAMMOND and his subordinate were bound to respect. If, however, there was any conventionalism, which under ordinary circumstances required the attendance of an army officer in such cases, surely under the peculiar circumstances of this case, where the army surgeons proposed to amputate the limb *because they had not time to give it the necessary attention to save it*, and where the surgeon of the patient's choice was one of high standing and acknowledged ability, and who in his capacity of surgeon was officially connected with the government of the State to which the wounded man belonged, it might have been waived, and a little courtesy shown.

MEDICAL ORGANIZATION IN PENNSYLVANIA.

We would again urge upon the attention of the profession the importance of organizing their forces

in this State. Not one fifth of the counties of the State possess medical societies at all, while in several of those where they do exist, they are in a very languishing condition.

We are very sorry to see the profession of this great State, in which most of the medical teaching of the country is done, so much behind many of the other States as respects medical organization.

Let the profession in the various counties take immediate steps to organize societies, so that when our State society again meets, there will be representatives from twenty or thirty counties instead of a bare half dozen.

Something is required to arouse the profession from the lethargy into which it has fallen. We need the intellectual and social stimulus which flows from frequent intercourse. There are questions of importance to us and to the community which can be profitably discussed in these meetings; questions of modes of treatment, of new remedies and discoveries, of ethics. The feast of reason and flow of soul would be found to be mutually beneficial—a broader line would be drawn between the educated and the ignorant practitioner, the regular physician and the pretender.

The REPORTER goes to every county of the State—how many of our readers in counties where there are no medical societies will respond to the suggestions of this article and lend their influence to medical organization? We shall be happy to render any aid in our power toward accomplishing this important result.

Notes and Comments.

The Medical Schools.

From all accounts the prospect of full classes in the different medical schools of the country is most flattering. This is certainly true in regard to those in this city. A very large number of students are in attendance on the preliminary lectures at the colleges, and the clinics at the hospitals. New and more active life has been infused into the educational institutions in this city, and some of the most learned men and gifted teachers to be found in this country will this winter be engaged in imparting medical instruction in our colleges and hospitals. Philadelphia is fast recovering from the serious losses entailed on her medical schools at the commencement of the rebellion.

Clinical Reports.

The season for clinical teaching having arrived, we resume our clinical reports. We shall have a number of pens employed in this work, and shall take pains to give select and instructive cases. This is an important feature of our work, and we shall never lose sight of its importance.

Our plans for the future conduct of the REPORTER involve a very heavy outlay of money, and we confidently look to the profession for prompt and efficient material support. Let our subscribers EXTEND OUR CIRCULATION and thus benefit themselves and advance the interests of their profession.

Medical Department of the University of Nashville.

We see it announced that the course of medical instruction will be resumed in this popular school the coming month. When the Rebellion broke out this was one of the largest medical schools in the country, and bade fair soon to eclipse all the rest in the size of its classes. We trust that it will soon recover its old position and usefulness. The fact that it still has the energetic and indefatigable Dr. W. K. BOWLING to engineer it through, is an earnest of assured success.

Correspondence.

FOREIGN.

LETTER FROM Dr. W. N. COTE.

PARIS, September 10th, 1863.

Scientific Congress.

The thirtieth Scientific Congress of France has just closed its annual session at Chambéry, after fixing the programme of the session of next year, which is to be held at Troyes.

Nocturnal Radiation.

You are doubtless aware that in Europe and North America, about the period of sunset, and during a great part of the night, provided the sky be clear and the atmosphere calm, the temperature of the stratum of air in immediate contact with the earth is lower by two or three degrees C. than the temperature of the atmosphere at an altitude of a few feet, a fact which is accounted for by nocturnal radiation. Professor MARCET, of Geneva, has now addressed a paper to the *Philosophical Magazine*, in which he shows that this is not the case under the tropics.—His son having, during a residence of several months in Australia, district of Peak Downs, Queensland, (latitude 23 deg. S.) instituted experiments with two carefully graduated centigrade thermometers, has found that the increase of temperature between five and six feet above the ground, compared to that of the stratum, at about an inch and a half above the surface of the earth, appears to be so slight as to be

frequently barely appreciable, generally not exceeding from one to two tenths of a degree, and this was the case under circumstances reckoned most favorable to nocturnal radiation, the night being generally splendid, and the sky almost always perfectly clear. Professor MARCET explains this difference between tropical and extra-tropical climates by taking into account the following circumstances: First, the heat of the sun's rays within the tropic is probably sufficient to warm not only the surface of the earth, but also the immediate strata below. Hence, after sunset, when the earth begins to cool rapidly by nocturnal radiation, the heat that has penetrated into the interior is gradually brought back to the surface, and thus contributes to prevent the cooling of the stratum of air in immediate contact with it. In the second place, in a country where the mean temperature is so much higher than in Europe and North America, the atmosphere must contain a much greater quantity of aqueous vapours, especially in regions which are at no great distance from the sea—and this vapour intercepts the passage of radiant heat. In the great African desert, indeed the oppressive heat of the day is succeeded by sudden cold immediately after sunset—but in these deserts the almost complete absence of water of any kind tends to maintain the atmosphere in a state of comparative absolute dryness, and hence the air, however warm, can no longer take up a sufficient quantity of vapour to intercept the heat radiated by the earth.

Is the Periosteum sensitive?

M. JOBERT DE LAMALLE, in a recent paper on the regeneration of animal tissues, establishes the fact that the periosteum is insensible. This subject requires to be thoroughly discussed before adopting any formal conclusions.

Atossatura.

The Academy of Sciences has received a pamphlet from M. DE SIMONE, in which he describes a disease which is called *Atossatura* in Sicily, and causes the death of many young mules, a few days after their birth, and after having sucked their dams, they fall sick and die without any apparent cause. M. DE SIMONE states that this disease is attributable to a previous morbose state of the dam, which suddenly becomes fat after the first months of gestation, and has her udders filled with a serous kind of milk.

Impressions on the Retina at Death.

The following strange story is going the round of the French journals:—An English photographer, Mr. WARNER, lately took a photograph of the eye of an ox a few hours after death, and on examining the impression through the microscope, distinctly perceived on the retina the exact delineation of the stone with which the slaughter house was paved, being the last object which affected the vision of the animal on bending down its head to receive the fatal blow.—The consequence deduced from this very apocryphal story is, that if the eyes of a murdered man be photographed a few hours after death, the likeness of the murderer will be found on his retina, that being the

last object he can have seen during the death struggle. Without entering upon the judicial value of evidence thus obtained, we will simply state the reasons which we consider sufficient to cast a doubt upon the whole thing. If, a few hours after death, the retina retain the picture of the object from which it receives its last impression, we must suppose the retina to possess the property not only of receiving photographs like sensitised collodion, but also of fixing them, which in photography requires a liquid different from that which renders the surface sensible. Now, hitherto, the retina has not been found to possess any such properties, one of which, it must be kept in mind, is the direct contrary of the other. If in the living subject the retina only receives momentary impressions, how and by what physiological process can it, in the dead subject, retain an impression for several hours after death? In the present state of our knowledge there is nothing to warrant such a supposition.

DOMESTIC.

SYPHILINE.

"Interdum stultus bene loquitur."

EDITOR MEDICAL AND SURGICAL REPORTER :

Though a learned man, of deep penetration, once remarked that, "he who coins words, coins himself out of existence," still I feel confident that you will excuse my originating the term "Syphiline" and on hearing the case, agree that it is a useful and comprehensive expression. This is not the result of conceit but conviction.

In very many of our medical and surgical terms the ending of a word seems as it were the *genus*, while the penult, ante-penult, etc., indicate the place, *e. g.*, "Itis" signifies inflammation, and the word prefixed to this, at once declares the locality affected: for instance Bronchitis, Pleuritis, Pneumonitis, Hepatitis, etc. *Algia* means pain, hence Neuralgia, Otalgia, Odontalgia, etc., etc. Now, moreover, in medicine we have adopted the termination "*ine*" as an indication of the active principle of an herb, etc., when used as a remedy, *viz.*: Codine, Morphine, Strychnine, Bromine, Iodine, etc., etc.

Again, it has been the custom to name a locality, disease or even remedy after its resemblance to something generally known and strictly forcible and conclusive, for example Hernia, a branch jetting out, Pelvis, a basin, the muscle gracilis from "slender," "thin," etc., etc.

Now if Bromine comes from *βρωμος*, a stench, and means the active principle of a smelling substance; if Morphine is named after Morpheus, and signifies the active principle of sleep; if Pyene is the active principle of Pus, and Syphilis is so called from the Greek word "*σῦς*," a hog, or "*αἰσχος*," shameful etc., why, I would respectfully ask, should we not have a comprehensive term to indicate the active principle of "hog," filth, dirt, or shame? Moreover there is now wanting a term to express briefly this

poison. When speaking of this disease the surgeon, at present, is forced to employ something like the following, "the *syphilitic poison*" or the "virus of pox," etc.

SAMUEL W. FRANCIS, M. D.

Newport, Sept. 25, 1863.

Army and Navy News.

Transferred.

Lieut. Col. PETER PINEO, U. S. Army, who is now in Boston, has been ordered to report for duty as Medical Inspector to Major General Gillmore, commanding the Department of the South.

Surgeon GEORGE R. JOHNSON, late Medical Inspector of the Army of the Potomac, has been relieved from duty at his own request, and transferred to the Middle Department.

Exempt from Dismissal.

The following named officers, charged with offences and heretofore published, are exempt from being dismissed the service of the United States, having made satisfactory defence in their respective cases:

Assistant Surgeon E. DODD, U. S. Volunteers.

Surgeon T. J. KELLY, 1st brigade, 3d division, 1st army corps.

Dismissed.

Assistant Surgeon L. H. PEASE, 10th Connecticut Volunteers, to date October 2, 1863.

Contracts Annulled.

An order has been issued by the Surgeon-General, annulling the contracts of the Visiting Surgeons of the different Army Hospitals in this city and vicinity.

News and Miscellany.

Hard Tack.

A correspondent of the *Vermont Phoenix* thus humorously relates his experience with this substance: "The hard tack of the army I have found not only abundant, but sweet and good; it is, however, *hard tack*, being probably the worst substance to chew used as human food. Sea biscuit and navy bread are pulpy in comparison. Few men have been long in service without breaking out more or less front teeth and grinders in cracking the rations, which cannot be crumbled or softened. Meals, too, are often taken in a great hurry, or while marching, and the hard tack cannot be dipped in coffee or fried in fat to become smoother, though perhaps not more digestible; so that, in general, these stony; almost metallic lumps pass into the soldier's stomach every day, and down undigested, causing dyspepsia and inflammatory diseases of the bowels.

"Hard tack is good, with this qualification: it can't be chewed; and is fit only for that generation mentioned by Solomon, whose 'teeth are as swords, and their jaw teeth are as knives.' So it is with good reason that our judicious Board of Enrollment exempt drafted men for loss of teeth. A cartridge can be torn with the thumb nail, but no gums can manage our army bread as now furnished.

"If it were softer, it would spoil in the hot, damp climate of the South; and the only thing is to have young men whose 'grinders have not ceased because they are few.—*Scientific American*

The British Association.

The British Association for the advancement of Science, would seem to be a respectable body, so far, at least, as numbers is concerned. We should think it rather unwieldy for the accomplishment of practical ends. The intelligent foreign correspondent of the *Presbyterian Banner* says:—

The British Association has come to a close at New Castle. It was a most brilliant and successful meeting; the whole number of members in attendance being 3,356, of whom 210 were old life-members, 35 new life-members, and 1,004 were ladies. The total receipts were about £3,600, more than defraying all expenses. Extraordinary hospitality was shown by the people of New Castle. A Committee has been appointed to make further inquiries as to the probable duration of the coal fields. Subjects of great practical interest have been discussed in connexion with the elaborate papers first read. Statistics ethnology, geography, astronomy, the food of the people, and many other topics, have been before the Association. Excursions were repeatedly made into regions teeming with minerals, and also to antiquarian ruins. Hartley Colliery was also visited—the scene of the terrible loss of life, just at the time when Prince Albert died, and for whose relief the Queen, in the midst of her first great outburst of woe, came forward so nobly. Nearly £80,000 was contributed. A considerable amount remains in hand. Widows and aged parents get 7s. 6d. per week, each; and widows with families so much per week for each child till it reaches the age of fourteen after which they can earn their own bread in that district. Of the surplus, about £1,700 will be set apart for four different colliery regions in the Kingdom, so as to be a fund for the survivors of the victims of future coal-pit accidents, and it may be to relieve those who have already been bereaved of those on whom they were dependent.

The British Association is to meet in September, 1864, at Bath, under the Presidency of Sir Charles Lyell.

Discovery of a Medical Papyrus.

(MR. A. LEITH ADAMS, of Malta, describes a medical papyrus discovered at Thebes, which is written in a demotic character, and contains a discourse on boils, (ulcers?) fractures, and wounds on the head in general, with aphorisms, prognostics, and an oath or prayer to be used by the physician in attendance upon the sick, the whole being somewhat after the style of the Hippocratic writings and the early Grecian school of medicine.

OBITUARY.

DR. GEO. HAYWARD.—DR. GEO. HAYWARD died instantly of apoplexy Wednesday forenoon, October 7th, at his residence in Pemberton square, Boston, at the age of 73 years. He was widely known, not only in professional circles, but also as a prominent citizen of that community. He enjoyed a foreign reputation second to no other American surgeon. In regard to some of his operations, he was a pioneer, introducing them by his boldness and success into the range of surgical practice. He was for many years a Professor in the Medical School at Harvard University, and at the time of his death held the position of a Fellow of the College, to which office he was elected in 1852. He graduated at Cambridge in the class of 1809.

MARRIED.

PEABODY—HUTCHINSON.—In Washington, on the 30th ult., by Rev. Jabez Fox, Dr. Adams Peabody, of Jefferson City, Mo., and Mrs. Laura W. Hutchinson, of Milford, N. H.

DIED.

MCDONOUGH.—At Paducah, Ky., on the 22d of September, Surgeon A. A. McDonough, of the 131st Illinois Regiment, of disease contracted at Vicksburg. Dr. McDonough was formerly a practising physician at Reading, in this State. He was one of five brothers who joined the army of the Union.

METEOROLOGY.

September	28,	29,	30,	Oct. 1,	2,	3,	4.
Wind.....	N. W.	E.	N. W.	N. E.	S. E.	S. W.	N. W.
Weather....	Clear.	Clear.	Clear.	Clear.	Cld'y. Rain.	Heav'y Fog.	Clear.
Depth Rain...					2-10		
Thermometer							
Minimum.....	41°	43°	49°	43°	51°	56°	52°
At 8 A. M.....	54	55	57	53	65	64	59
At 12 M.....	66	65	62	69	71	70	68
At 3 P. M.....	67	68	63	70	69	70	69
Mean.....	56.5	63	64.7	68.5	55.2	51	51.2
Barometer.							
At 12 M.....	30.2	30.3	30.2	30.2	30	29.9	29.9

Germantown, Pa.

B. J. LEEDOM.

VITAL STATISTICS.

	Philadelphia. Week ending October 3.	New York. Week ending October 5.	Baltimore. Week ending October 5.	Boston. Week ending October 3.	Providence. Month of August.
Pop'l'n. (estimated.)	580,000	950,000	240,000	150,000	52,000
Mortality.					
Male	160	227	59	61	80
Female	132	221	54	46	78
Adults	143	219	47	51	51
Under 15 years.....	140	224	66	56	68
Under 2 years.....	89	157	33	48*	158
Total.....	292	448	113	107	...
Deaths in 100,000...	50.34	47.15	47.08	59.44	303.54
American.....	210	262	...	74	128
Foreign.....	66	186	...	33	32
Negro.....	21	5	17	2	6

ZYMOTIC DISEASES.

Cholera, Asiatic.....	...	...	...	...	1
Cholera Infantum.....	8	18	2	13	35
Cholera Morbus.....	2	1	...	...	4
Croup.....	16	14	10	4	2
Diarrhœa.....	11	12	2	8	11
Diphtheria.....	17	16	5	3	...
Dysentery.....	6	8	...	3	25
Erysipelas.....	2	2	...	...	1
Fever, Intermittent.....	...	...	2	...	...
Fever, Remittent.....	...	...	...	...	...
Fever, Scarlet.....	3	11	3	1	...
Fever, Typhoid.....	5	8	8	8	3
Fever, Typhus.....	3	6	...	...	4
Fever, Yellow.....	...	...	...	...	...
Hooping-cough.....	1	...	4	...	...
Influenza.....	...	...	...	...	...
Measles.....	...	...	...	...	1
Small Pox.....	2	...	1	1	...
Syphilis.....	...	3	...	...	...
Thrush.....	...	...	...	...	1

SPORADIC DISEASES.

Albuminuria.....	...	7	...	...	...
Apoplexy.....	2	4	...	1	1
Consumption.....	35	88	19	18	10
Convulsions.....	9	30	2	2	9
Dropsy.....	5	16	5	2	...
Gun-shot Wounds.....	1	...	...	...	...
Intemperance.....	2	4	...	...	1
Marasmus.....	11	32	...	7	...
Pleurisy.....	...	1	...	...	2
Pneumonia.....	9	20	...	8	...
Puerperal Fever.....	...	...	...	...	...
Scrofula.....	3	2	...	...	5
Violence and Acc'ts	9	18	...	2	1

* Under 5 years.

TO CORRESPONDENTS.

For the information of those who are not authors, we will state that MANUSCRIPT INTENDED FOR PUBLICATION MUST BE WRITTEN ON BUT ONE SIDE of the sheet. If greater care was taken in the preparation of copy, much trouble would be saved to printers, and mistakes would rarely or never be made.

BACK NUMBERS.

Subscribers desiring old back numbers (excepting Nos. 304, 305, 308, 309, and 310, which are still due, and will be sent) will please remember and send money to pay for them, and for postage, as many of the numbers are growing scarce, and we have to pre-pay the postage, two cents a number.